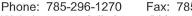
CCL. 034 Rev. 3/2020

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244
Website: www.kdheks.gov/kidsnet





## PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated	License #	License #			
Topeka Zo	7365	73657			
Street Address of the Facility	de County				
635 SW Gage	SSSW Gage Blvd Topeka 666		06 Sha	6 Shawnee	
55(ECA10					
First and Last Name of Child or		lowing locations off the p	oremises <b>with</b> adu	It supervision:	
			* *		
Place Blaisdell Family Pool 4201 SW Reinisch PKWY Topeka			By Vehicle	By Vehicle Walk/Bike	
Signature of Parent or Guardian				Date Signed	
,					
Place	Street Address	City	By Vehicle	By Vehicle Walk/Bike	
Signature of Parent or Guardian				Date Signed	
Date Signed	* 1		TEATHER I	official to anough	
Place	Street Address	City	By Vehicle	Walk/Bike	
riace	Street Address City		by vernicle	Walkiblike	
Signature of Parent or Guardian				Date Signed	
Birth Date MM/DD/YYYY	d Chief a wage	emikika ito (mi			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed	Date Signed	
				Margara per caregia	
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian				Date Signed	
			WOLF TO A	and rade	
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed	Date Signed	
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		

Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed	Date Signed	
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed	Date Signed	
Place	Street Address	City	By Vehicle	Walk/Bike	
	Officer Address	Oity	-	Wain/Direc	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed	Date Signed	
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian		·	Date Signed		
ا hereby authorize my <b>school age د</b>	COR SCHOOL AGE CHIL Child First and Last Name of			te MM/DD/YYYY	
To walk/bike to and from the followi	ng location(s) without adult	supervision:	p		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		